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|   |  |                                       |  |          |   |          |  |           |  |          |  |          |
|---|--|---------------------------------------|--|----------|---|----------|--|-----------|--|----------|--|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |  | Docket No. (Optional)<br>312762004100 |  |          |   |          |  |           |  |          |  |          |
|    | In re Application of Ping JIANG et al. |                                       |  |          |   |          |  |           |  |          |  |          |
|   | Application Number<br>10/712,782       | Filed<br>November 12, 2003            |  |          |   |          |  |           |  |          |  |          |
|   | For: FLUORESCENCE GUIDED CELL CAPTURE  |                                       |  |          |   |          |  |           |  |          |  |          |
|   | Art Unit<br>1646                       | Examiner<br>Not Yet Assigned          |  |          |   |          |  |           |  |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 950.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>475.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u></p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,959</u><br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/> Registration number if acting under 37 CFR 1.34(a)</p> <p>July 9, 2004<br/> Date</p> <p>(858) 720-5112<br/> Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |  |                                       | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ _____                               |                                       |  |          |   |          |  |           |  |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ _____                               |                                       |  |          |   |          |  |           |  |          |  |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ 950.00                              |                                       |  |          |   |          |  |           |  |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____                               |                                       |  |          |   |          |  |           |  |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____                               |                                       |  |          |   |          |  |           |  |          |  |          |

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